

MULTIPLE DEPENDENT  
FEE CALCULATION FORM  
(FOR USE WITH FORM P-15)

APPLICANT(S)

677257

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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99			
100			
TOTAL IND.	10		
TOTAL DEP.	42		
TOTAL CLAIMS	52		